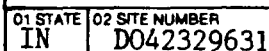




318666

POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT		I. IDENTIFICATION	
		01 STATE IN	02 SITE NUMBER D042329631
II. SITE NAME AND LOCATION			
01 SITE NAME (Legal, common, or descriptive name of site) Mobil Oil Co., (East Chicago Terminal)		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 3821 Indianapolis Blvd.	
03 CITY East Chicago	04 STATE IN	05 ZIP CODE 46312	06 COUNTY Lake
07 COUNTY CODE 89		08 CONG DIST 1	
09 COORDINATES LATITUDE 41 38 47.0		LONGITUDE 08 72 28 30.0	
Whiting Quadrangle			
10 DIRECTIONS TO SITE (Starting from nearest public road) South on US Route 12/20, 5.5 miles from Interstate I-90 to canal S.E. side.			
III. RESPONSIBLE PARTIES			
01 OWNER (If known) Mobil Oil Corp.		02 STREET (Business, mailing, residential) 150 East 42nd Street	
03 CITY New York	04 STATE NY	05 ZIP CODE 10017	06 TELEPHONE NUMBER (212) 883-4242
07 OPERATOR (If known and different from owner) Gerald Dean Sweet		08 STREET (Business, mailing, residential) 3821 Indianapolis Blvd.	
09 CITY East Chicago		10 STATE IN	11 ZIP CODE 46312
		12 TELEPHONE NUMBER (219) 397-1950	
13 TYPE OF OWNERSHIP (Check one)			
<input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN			
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)			
<input checked="" type="checkbox"/> A. RCRA 3001 DATE RECEIVED: <u>8 / 15 / 80</u> <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ / _____ / _____ <input type="checkbox"/> C. NONE MONTH DAY YEAR MONTH DAY YEAR			
IV. CHARACTERIZATION OF POTENTIAL HAZARD			
01 ON SITE INSPECTION		BY (Check all that apply)	
<input checked="" type="checkbox"/> YES DATE <u>6 / 25 / 82</u> <input type="checkbox"/> NO MONTH DAY YEAR		<input checked="" type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: <u>U.S. Coast Guard</u> (Specify) CONTRACTOR NAME(S): <u>E & E</u>	
02 SITE STATUS (Check one)		03 YEARS OF OPERATION	
<input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		<u>1977</u> <u>1984</u> <input type="checkbox"/> UNKNOWN BEGINNING YEAR ENDING YEAR	
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED			
1) Sludge (toxic, persistent) 2) Oily Waste (toxic, persistent) 3) Solvent (toxic, persistent)			
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION			
1) Groundwater (environment) 2) Surface Water (environment) 3) Direct Contact (population)			
V. PRIORITY ASSESSMENT			
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)			
<input type="checkbox"/> A. HIGH (Inspection required promptly) <input checked="" type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
VI. INFORMATION AVAILABLE FROM			
01 CONTACT George Oliver <i>Res 4/1/84</i>		02 OF (Agency/Organization) Indiana State Board of Health	
03 TELEPHONE NUMBER (317) 633-0213			
04 PERSON RESPONSIBLE FOR ASSESSMENT Stephen Gentry		05 AGENCY LPC	06 ORGANIZATION ISBH
07 TELEPHONE NUMBER (317) 633-8550		08 DATE <u>3 / 18 / 84</u> MONTH DAY YEAR	



☐ I HIGHLY VOLATILE
☒ J EXPLOSIVE
☐ K REACTIVE
☒ L INCOMPATIBLE
☐ M NOT APPLICABLE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	ONLY WASTE	unknown	spill	from 50 years of operation
SOL	SOLVENTS			
PSD	PESTICIDES			
OCC	OTHER ORGANIC CHEMICALS			
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			tetra ethyl lead-still bottoms

[illegible]

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

EPA FORM 2070-12 (7-81)



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IN D042329631

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☒ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

Several complaints of oil and grease showing up in groundwater.
Known oil and grease levels in water table.

01 ☐ B. SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☒ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

Several complaints of infiltration of oil and grease in storm sewer.
Fractures in erosion wall along Indiana Harbor Canal.

01 ☐ C. CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

Fires in the past.

01 ☐ E. DIRECT CONTACT 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ F. CONTAMINATION OF SOIL 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 AREA POTENTIALLY AFFECTED: _____ (Acres) 04 NARRATIVE DESCRIPTION

Poor spill protection procedures in past.

01 ☐ G. DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

Possible industrial wells in area.

01 ☐ H. WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 WORKERS POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ I. POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IN D042329631

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Possible damage to aquatic Flora.

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Damage to aquatic Fauna.

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Consumption of recreational fishing in area.

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills, runoff, standing liquids, leaking drums)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

Fractures in erosion walls.

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Oily waste in water table contributes to the serious pollution problem of the Indiana Harbor Canal.

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Hydrocarbon contamination of sewers.

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

On site disposal.

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

Only time a hazardous waste is generated now is when storage tanks are cleaned out since RCRA.
Possible on site land application of hazardous waste.

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

Refinery mothballed in 1974. Used as a bulk terminal only.

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

G.D. Sweet (Mobil Oil)
ISBH files (Land and Water)
Ron Novak (Hammond A.P.C.)

IND011-15

EXECUTIVE SUMMARY

05 - IN - 0111

EPA ID# IND042329631Original Company Name: Mobil Oil Corporation (East Chicago Terminal)

Revised Company Name: _____

Alias Names: _____

Address: 3821 Indianapolis Blvd.
East Chicago, IN 46312
Lake CountyLandfill ☐ Generator ☒ Treatment, Storage, Disposal (TSD) ☒Transporter ☐ Other: _____

PRIORITY ASSESSMENT:

HIGH ☒ MEDIUM ☐ LOW ☐ NO FURTHER ACTION (NONE) ☐

CLASS:

I-STATE LEAD ☒ II-REM/FIT LEAD ☐ III-REM/FIT LEAD ☐ IV OTHER: ☐
State Accompanies ☐ Limited on-site ☐
FIT ☐ State Involvement ☐State Priority Assessment Justification: Because of age compounded with poor
past practices, serious contamination problems have occurred.
Known contamination of oily waste in area.State Comments Re: PA ☒ SI ☐ Follow-up SI ☐ RPS ☐ HRS ☐

ISBH recommends the following:

1. Surface water samples.
2. Soil samples.
3. Groundwater samples all need to be conducted to surmize the situation.

STATE INVOLVEMENT

COMPLETE DOCUMENTS:

- ☒ Preliminary Assessments
☐ Site Inspection
☐ Follow-up Site Inspection
☐ Responsible Party Search
☐ Hazard Ranking System (HRS)

REVIEW DOCUMENTS:

- ☐ Preliminary Assessments
☒ Site Inspection
☒ Follow-up Site Inspection
☒ Responsible Party Search
☒ Hazard Ranking System (HRS)

Prepared by: Stephen GentryPhone: 633-8550Date: 3-18-84